

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



July 21, 2009

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of N Street Wine & Liquor, 1835 'N' Street requesting a class D/K liquor license.

Jamie Tallman, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Jamie Tallman was born in Lincoln, Nebraska. He attended the University of Nebraska graduating in 2006.

Jamie Tallman has been employed at N Street since 1999.

The required training will be completed on August 13, 2009.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

45- 8/24/09

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NEBRASKA LIQUOR
CONTROL COMMISSION**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES**
CHECK DESIRED CLASS(S)**RETAIL LICENSE(S)**

		<u>Application Fee</u>
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input checked="" type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

MISCELLANEOUS

		<u>Application Fee</u>	<u>Bond Required</u>
<input type="checkbox"/>	L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O Boat	\$ 95.00	none
<input type="checkbox"/>	V Manufacturer		
<input type="checkbox"/>	<input type="checkbox"/> Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/>	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
<input type="checkbox"/>	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
<input type="checkbox"/>	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
<input type="checkbox"/>	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
<input type="checkbox"/>	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
<input type="checkbox"/>	<input type="checkbox"/> Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/>	W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z Micro Distillery	\$295.00	\$1,000 minimum

☐ Copy of TTB permit (if applying for L, V, W, X, Y or Z)

*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering license (K) expires same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)
☐ Partnership License (requires insert form 2)
☐ Corporate License (requires insert form 3a & 3c)
☒ Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Scott & Laurie Tallman Phone number: 420-2284

Firm Name Bill Olsen - At - 438-2500
Demars, Gordon, Olsen & Zaleski

X 6. If wishing to run on current liquor license enclose temporary agency agreement (**must be Commission form only, must include copy of signature card from the bank showing both the seller and buyers name on account**).

____ 7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.

X 8. Enclose a list of any inventory or property owned by other parties that are on the premise.

X 9. For individual, partnership and LLC enclose proof of citizenship; copy of birth certificate (certificate from the State where born, not hospital certificate), naturalization paper or passport, for all applicants, members and spouses.

____ 10. If corporation or LLC enclose a copy of articles as filed with the Secretary of States Office. This document must show barcode.

11. Check with local governing bodies for any further requirements or restrictions.

12. If you have a business plan, please submit a copy.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Signature _____

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NEBRASKA LIQUOR
CONTROL COMMISSION

PREMISE INFORMATION

Trade Name (doing business as)

N St. Wine & Liquor

Street Address #1

1835 N Street

Street Address #2

City Lincoln

County

Lancaster

Zip Code

68508

Premise Telephone number

477-6077

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the commission)

Name

N St. Drive In

Street Address

#1

1835 N Street

Street Address

#2

City Lincoln

State

Ne

Zip Code

68508

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

See Attached Sheet

JUL 9 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

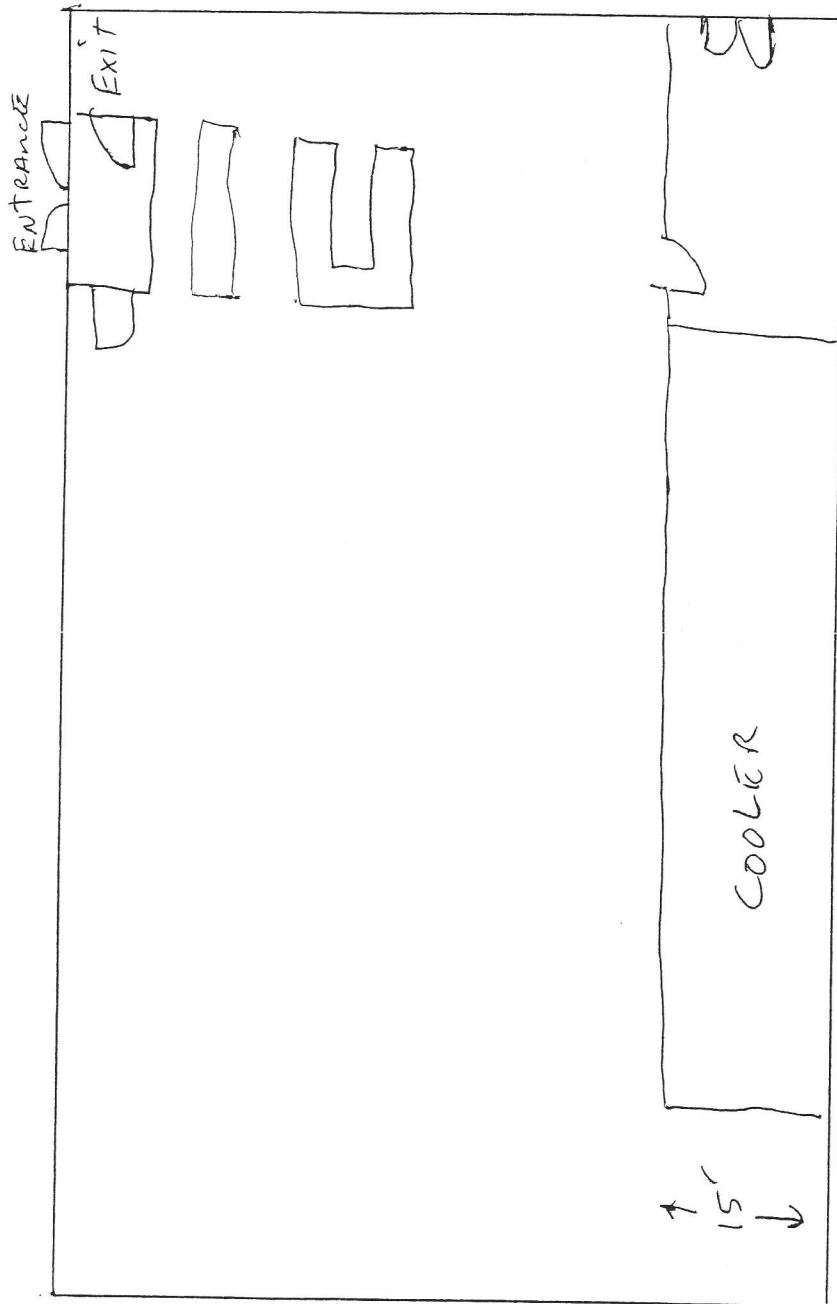
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NEBRASKA LIQUOR
CONTROL COMMISSION

N Street
Drive In

Parking Lot



← 80' →

First Floor

↑ 65' ↓

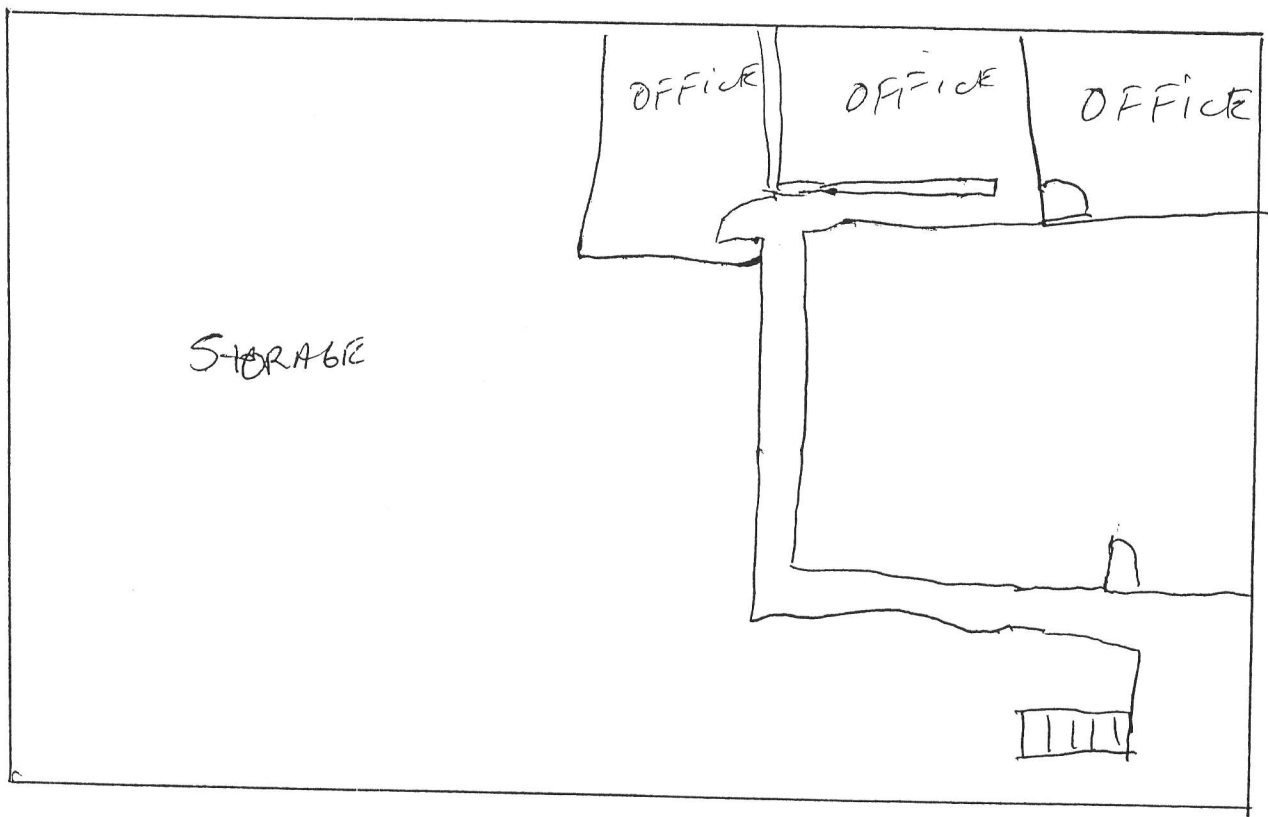
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NEBRASKA LIQUOR
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↑
65'
↓



← 80 →

2ND FLOOR

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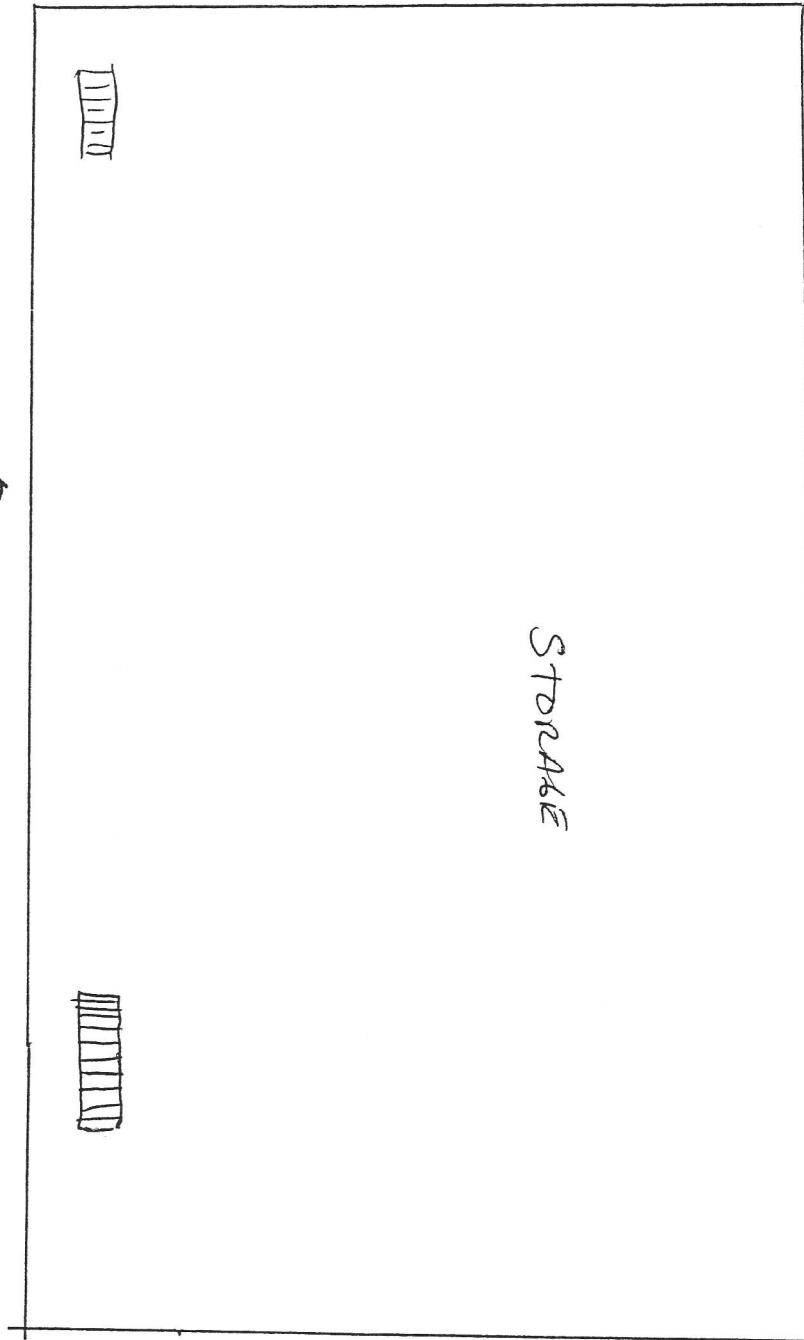
NEBRASKA LIQUOR
CONTROL COMMISSION



← 65 →

BASMENT

← 80 →



APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of a crime and found guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law, a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

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If yes, please explain below or attach a separate page.

NEBRASKA LIQUOR
CONTROL COMMISSION

Laurie Stoehr-Tallman - None
Scott D. Tallman - 8/98 RECKLESS DRIVING NON ALCOHOL RELATED 2 SPEEDING tickets
Jamie Q Tallman - 7 Speeding tickets in 12 years Non Alcohol related
Kimberly Tallman - None

2. Are you buying the business and/or assets of a licensee?

☒ YES ☐ NO

If yes, give name of business and license number N Street Drive In - 32646

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many? - Counters, shelves, cash registers

See Attached list

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☒ YES ☐ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender _____

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application. _____

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☒ YES ☒ NO

If yes, list such items and the owner. Pop Cooler owned by Pop Companies

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain. _____

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☒ YES ☐ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

Praise Temple church of the living God (across street)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

JUL 9 2009

NEBRASKA LIQUOR

CONTROL COMMISSION

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Tier One Jamie Tallman

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
Jamie Tallman	10 yrs.	N Street Drive In
Laurie Stoehr-Tallman	76-85	N Street Drive In
Scott Tallman	77-87	N Street Drive In
Kim Tallman	None	

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☒ Lease: expiration date _____
☒ Deed
☐ Purchase Agreement

14. When do you intend to open for business? Aug 31st 2009 Aug. 10th 2009

15. What will be the main nature of business? retail

16. What are the anticipated hours of operation? 8-1 AM weekdays Sat 12-6 PM Sun

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
Jamie Tallman					
Laurie Stoehr-Tallman 2540 Woodcrest Ave Lincoln Ne. 68502	1986	2001	Scott Tallman 2540 Woodcrest Ave Lincoln Ne 68502	1986	2001

See attached page

Spouse

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Past Residences

JUL 9 2009

Jamie Tallman
1) 2131 N 60 Lincoln, Ne. 1999-2005
2) 3227 E. Pershing Rd Lincoln, Ne. 1981-2009

NEBRASKA LIQUOR CONTROL COMMISSION

Scott Tallman
1) 2540 Woodcrest Ave. Lincoln, Ne. 1986-2001
2) 6421 Rokeby Rd, Lincoln, Ne. 2001 -

Laurie Stoehr-Tallman
1) 2540 Woodcrest Ave. Lincoln, Ne. 1986-2001
2) 6421 Rokeby Rd Lincoln, Ne. 2001 -

Scott Tallman
1) 2540 Woodcrest Ave, Lincoln, Ne. 1986-2001
2) 6421 Rokeby Rd, Lincoln, Ne. 2001 -

Kimberly Tallman
1) Lincoln, Ne. 1981-2009

Jamie Tallman
1) 2131 N 60 Lincoln, Ne. 1999-2005
2) 3227 E. Pershing Rd, Lincoln, Ne. 2005 -

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

SCOTT TCB

Signature of Applicant

Laurie Stoehr-Tallman

Signature of Spouse

Laurie Stoehr-Tallman

Signature of Applicant

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SCOTT TCB

Signature of Spouse

[Signature]

Signature of Applicant

JUL 9 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

[Signature]

Signature of Spouse

[Signature]

Signature of Applicant

[Signature]

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this 8th day of July 2009 by
Laurie Stoehr-Tallman Jamie Q Tallman
Kimberly Tallman Scott D. Tallman

Amy G. Glantz

Notary Public signature

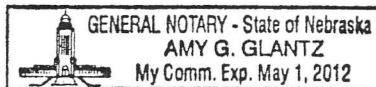
County of Lancaster

The foregoing instrument was acknowledged before me this 8th day of July 2009

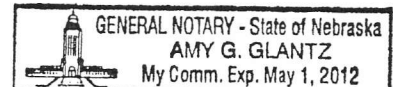
Amy G. Glantz

Notary Public signature

Affix Seal Here



Affix Seal Here



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: JAMIE TALLMAN

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

RICKETY CRICKET, LLC

LLC Address: 1801 "O" STREET

City: LINCOLN State: NE Zip Code: 68508

LLC Phone Number: 402-730-2540 Fax Number: —

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: TALLMAN First Name: JAMIE MI: Q

Home Address: 3227 E. PERSHING City: LINCOLN

State: NE Zip Code: 68502 Home Phone Number: 402-730-2540



Signature of Contact Member

State of Nebraska

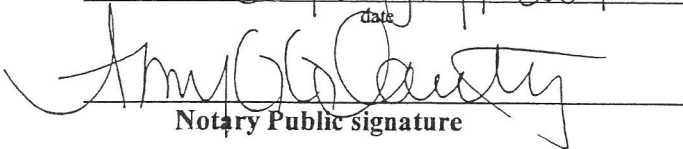
County of Lancaster

The foregoing instrument was acknowledged before me this

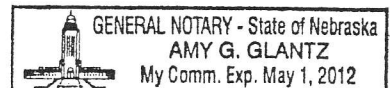
8th day of July, 2009

by Jamie Tallman

name of person acknowledged


Notary Public signature

Affix Seal Here



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: TALLMAN First Name: Scott MI: D Prints

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): LAURIE STOEHR-TALLMAN

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: STOEHR-TALLMAN First Name: LAURIE MI: J Prints

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Scott P. TALLMAN

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: JAMIE TALLMAN First Name: JAMIE MI: Q Prints

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Kimberly Tallman Prints

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Tallman First Name: Kimberly MI: A

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Jamie Tallman

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Dutton First Name: Damon MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Limited Liability Company controlled by another Corporation/Company?

☐ YES

☒ NO

If yes, provide the name of corporation/company and supply an organizational chart

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: JANUARY Ending Date: DECEMBER

Is this a Non Profit Corporation?

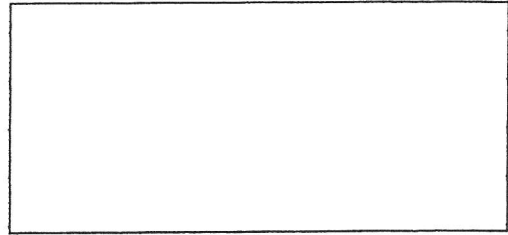
☐ YES

☒ NO

If yes, provide the Federal ID #.

**APPLICATION FOR LIQUOR LICENSE
CATERING LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov



FEE \$100.00

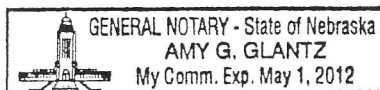
A catering license allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The catering license is renewed in the same manner and time as the retail license held by the licensee. A licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The \$40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

CLASS OF LICENSE AND NUMBER Pending
NAME OF LICENSEE RICKETY CRICKET, LLC.
TRADE NAME N Street Wine & Liquor
PREMISE ADDRESS 1835 "N" STREET
CITY/STATE/ZIP CODE LINCOLN, NE 68508

A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.

[Signature]
Signature of Licensee

Subscribed in my presence and sworn to before me this 8th day of July, 2009



[Signature]
Notary Public Signature & Seal

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

NEBRASKA LIQUOR
CONTROL COMMISSION

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: RICKETY CRICKET, LLC

Premise information

Premise License Number: _____
(if new application leave blank)

Premise Trade Name/DBA: N Street Wine & Liquor

Premise Street Address: 1835 N Street

City: Lincoln, Nebraska Zip Code: 68502

Premise Phone Number: 477-6677

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☒ YES

☐ NO

If yes, please explain below or attach a separate page.

Jamie Q Tallman - 6 Speeding tickets in 13 years
Non Alcoholic

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where)

Date:	Where:
1999-2009	N Street Drive In

**APPLICATION FOR TEMPORARY
AGENCY AGREEMENT**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

- This application may be submitted along with a completed application for liquor license
- Must include a copy of the signature card from the financial institution where account has been set up
- Agreement is effective upon processing of the application and the three digit number has been issued to applicant
- Agreement is effective up to 120 days from issuance of ID number

ID# _____

On (date) Aug. 10th 2009 seller and buyer entered into a contract for sale of the business known as N Street Drive In, which contract is contingent upon buyer receiving approval for a liquor license to operate the business.

Seller and buyer agree to allow buyer to operate the business, subject to approval by the Nebraska Liquor Control Commission, (NLCC) for a period not to exceed 120 days subsequent to _____, the date of filing the application with NLCC.

Seller will maintain a possessory interest in the property in the form of a lease, use permit or license;

Buyer will at all times be the agent of the seller, but buyer will be completely and totally responsible for the operation of the business and for all liability associated with the operation of the business during the time when buyer is acting as seller's agent; it is specifically understood that seller shall have no liability for the operation of the business during this period of time, and buyer agrees to indemnify and hold seller harmless from any claims arising during this period of operation; however, it is understood that the liquor license remains in the name of the seller and seller will be responsible for all violations of the liquor laws of the State of Nebraska until such time as seller's license is canceled;

At time of closing, certain funds will be held in escrow pending issuance of the license.

Name of financial institution (Name, address, account number) of where escrow account is being held (SEND

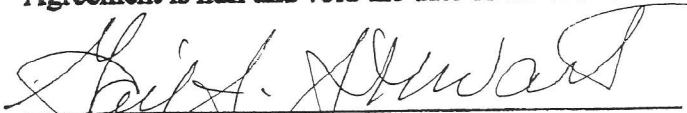
COPY OF SIGNATURE CARD) ~~United~~ Tier One

OVER

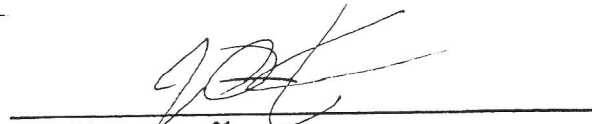
All profits derived from the operation of the business by the buyer, after payment of bills and salaries, shall be paid to the same escrow agent to be held until the issuance of the license, it being specifically understood that the buyer shall receive no profits from the operation of the business until the liquor license has been issued to buyer, but shall have the right to direct the investment of profit funds by escrow agent.

This agreement constitutes the entire and complete understanding of all parties with regard to the agency relationship, and is binding upon the heirs, personal representatives and successors of the parties.

It is hereby understood that in the event the Commission denies this application, this Temporary Agency Agreement is null and void the date of the order.



Signature of seller

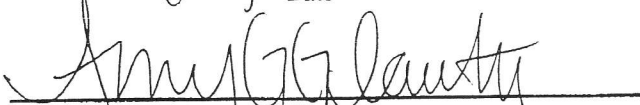


Signature of buyer

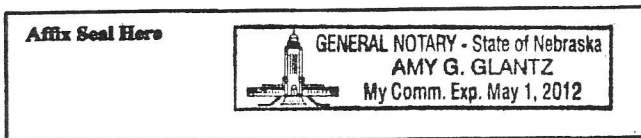
State of Nebraska

County of Lancaster

The forgoing instrument was acknowledge before
me this July 8th, 2009
Date



Notary Public Signature



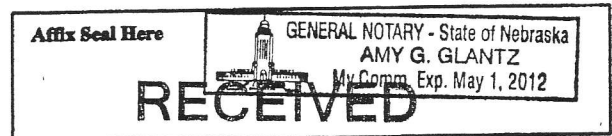
State of Nebraska

County of Lancaster

The forgoing instrument was acknowledge before
me this July 8, 2009
Date



Notary Public Signature



JUL 9 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

Account Number



Employee Number

Classic Savings

OPENING BALANCE \$ *****35.00

RELATIONSHIP/STATUS

[illegible]

LLC-R
Authorized Signer
Authorized Signer

LLC - Limited Liability Company

Tracking Code

Referral Code

Card(s)

PIN

For Classic Savings Accounts Only: If a minor is an owner on this account, type the Minor's Name and Birth Date here.

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION FOR

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

If you have been notified by the Internal Revenue Service that you are currently subject to backup withholding, cross out item 2 above.

Dated this _____ day of _____, _____

X

Signature _____

RICKETY CRICKET LLC


The undersigned hereby apply(ies) for an account with TierOne Bank, and for issuance of evidence thereof. The undersigned further acknowledge(s) receipt of and that the undersigned has (have) read the publications entitled OWNERSHIP RIGHTS AND OBLIGATIONS and DISCLOSURE OF ACCOUNT TERMS. Based on the ownership of this account, a Resolution of Authority may be required and is to be attached to this document. The terms and conditions contained in such publications and the Resolution of Authority (if required based on the account ownership) are incorporated in this document as if set forth in full herein. The undersigned agree(s) to be bound by the terms and conditions in both publications and the Resolution of Authority, as applicable.

X _____
Signature

X _____
Signature

X 
Signature JAMIE TALLMAN

X _____
Signature

X  Signature GAIL STEWART

X _____
Signature

X _____
Signature

X _____
Signature

X _____
Signature

X _____
Signature



STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

7/8/2009

LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH AND
HUMAN SERVICES

RECEIVED
JUL 9 2009
NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH

56-1
BIRTH NO. 126.....

PHS-706(VS)
REV. 12-54
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

1. PLACE OF BIRTH a. COUNTY Lancaster		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Lancaster	
b. CITY (If outside corporate limits, write RURAL) OR TOWN Lincoln		c. CITY (If outside corporate limits, write RURAL) OR TOWN Lincoln	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lincoln General Hospital		d. STREET ADDRESS (If rural, give location) 1126 Lake St.	
3. CHILD'S NAME (Type or print) a. (First) Laura b. (Middle) Jean c. (Last) Stoehr			
4. SEX Female	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year)
FATHER OF CHILD a. (First) Richard b. (Middle) Lee c. (Last) Stoehr d. COLOR OR RACE White			
9. AGE (At time of this birth) 24 Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) Watertown, South Dakota	11a. USUAL OCCUPATION Brace maker	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Susan b. (Middle) Ann c. (Last) Rudolph		13. COLOR OR RACE White	
14. AGE (At time of this birth) 22 Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) Lincoln, Nebraska	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? 2 b. How many OTHER children were born alive but are now dead? none c. How many children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT'S SIGNATURE OR NAME—Relationship Mrs. Richard L. Stoehr, Mother			
18a. SIGNATURE <i>Dr. John Brown</i> 18c. ADDRESS Lincoln, Nebraska		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
19. MOTHER'S MAILING ADDRESS Mrs. Richard L. Stoehr 1126 Lake St. Lincoln, Nebraska			
20. DATE REC'D BY LOCAL REG. JUL 12 1956		21. REGISTRAR'S SIGNATURE <i>James J. Brown</i>	

I hereby certify that this child was born alive on the date stated above at **1148 P.m.**

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

126- 81

1. CHILD—NAME FIRST MIDDLE LAST Jamie Quinn Tallman			2. SEX Male	3. DATE OF BIRTH (Month, Day, Year)		3b. HOUR 11:41 P.M.
4a. HOSPITAL—NAME (If not in hospital, give street and number) Bryan Memorial Hospital		4b. INSIDE CITY LIMITS (Specify Yes or No) yes	4c. CITY, TOWN, OR LOCATION OF BIRTH Lincoln		4d. COUNTY OF BIRTH Lancaster	
5a. I certify that the stated information concerning this child is true to the best of my knowledge and belief. (Signature) <i>[Signature]</i>			5b. DATE SIGNED (Month, Day, Year) 12/18/80		5c. NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
6a. CERTIFIER—NAME AND TITLE (Type or print) S. G. Swanson, M.D.			6b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 1701 "K" Street Lincoln, Nebraska			
7a. REGISTRAR—SIGNATURE <i>[Signature]</i>			7b. DATE RECEIVED BY REGISTRAR MONTH DAY YEAR JAN 2 1981			
8a. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Laurie Jean Stoehr			8b. AGE (At time of this birth) 24	8c. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) Lincoln, Nebraska		
9a. RESIDENCE—STATE Nebr.	9b. COUNTY Lancaster	9c. CITY, TOWN, OR LOCATION, (Include zip code) Lincoln 68502	9d. INSIDE CITY LIMITS (Specify Yes or No) yes	9e. STREET AND NUMBER 1730 Pawnee		
MOTHER'S MAILING ADDRESS—Enter if not same as residence						
10. FATHER—NAME FIRST MIDDLE LAST Scott Douglas Tallman			11b. AGE (At time of this birth) 24	11c. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) Lincoln, Nebraska		
12a. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent, or other informant) <i>[Signature]</i>			12b. RELATION TO CHILD Mother			

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE ABOVE TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

Stanley S. Cooper

STANLEY S. COOPER
DIRECTOR, VITAL STATISTICS

Issued June 12, 1984
LINCOLN, NEBRASKA

RECEIVED
JUL 9 2009
NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH BIRTH NO. 126.....

56

1. PLACE OF BIRTH a. COUNTY <u>Lancaster</u> b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u> c. FULL NAME OF (If NOT in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION <u>Lincoln General Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Lancaster</u> c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u> d. STREET ADDRESS (If rural, give location) <u>2905 South 24th St.</u>	
3. CHILD'S NAME (Type or print) a. (First) <u>Scott</u> b. (Middle) <u>Douglas</u> c. (Last) <u>Tallman</u>		4. SEX <u>Male</u> 5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> 5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 6. DATE OF BIRTH (Month) (Day) (Year)	
7. FULL NAME a. (First) <u>Gene</u> b. (Middle) <u>Hall</u> c. (Last) <u>Tallman</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>33</u> Yrs. 10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Creston, Iowa</u>		11a. USUAL OCCUPATION <u>Attorney</u> 11b. KIND OF BUSINESS OR INDUSTRY <u>055</u>	
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <u>Hazel</u> b. (Middle) <u>Lenore</u> c. (Last) <u>Abel</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>33</u> Yrs. 15. BIRTHPLACE (City, town or county) (State or foreign country) <u>Lincoln, Nebraska</u>		16. Children Previously Born to This Mother: (Do NOT include this child) a. How many OTHER children are now living? <u>2</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy?) <u>0</u>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Mrs. Gene H. Tallman, Mother</u>		18a. SIGNATURE <u>Dr. R. E. Carlinghouse</u> 18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
I hereby certify that this child was born alive on the date stated above at <u>2:23 AM.</u> m.		18c. ADDRESS <u>Lincoln, Nebraska</u>	
20. DATE REC'D BY LOCAL REG. <u>DEC 5 1956</u>		21. REGISTRAR'S SIGNATURE <u>James H. ...</u> 19. MOTHER'S MAILING ADDRESS <u>Mrs. Gene H. Tallman</u> <u>2905 South 24th St.</u> <u>Lincoln, Nebraska</u>	

RECEIVED
NEBRASKA LIQUOR
CONTROL COMMISSION

JUL 9 2009

RECEIVED

THIS CERTIFIES THE ABOVE TO BE A TRUE COPY OF AN ORIGINAL
CERTIFICATE ON FILE WITH THE STATE DEPARTMENT OF HEALTH,
BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY
FOR VITAL RECORDS.

Freda Theis
DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR
LINCOLN, NEBRASKA Issued August 30, 1968

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
FEB 10 1987
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER, DIRECTOR
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 9 2009
NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH 126— 82

CHILD—NAME 1. Kimberly Ann Zalewski			SEX. 2. Female	DATE OF BIRTH (Month, Day, Year) 3a.	HOUR 3b. 5:10 A M
HOSPITAL—NAME (If not in hospital, give street and number) 4a. Bryan Memorial Hospital		INSIDE CITY LIMITS (Specify Yes or No) 4b. yes	CITY, TOWN, OR LOCATION OF BIRTH 4c. Lincoln		COUNTY OF BIRTH 4d. Lancaster
I certify that the stated information concerning this child is true to the best of my knowledge and belief. 5a. (Signature) <i>Deanna L. Hutchins</i>			DATE SIGNED (Month, Day, Year) 5b. 1-16-82		NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c.
CERTIFIER—NAME AND TITLE (Type or print) 6a. Deanna L. Hutchins M.D.			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 6b. 6911 VanDorn Lincoln, Nebraska 68506		
REGISTRAR—SIGNATURE 7a. <i>M. Jane Ford</i>			DATE RECEIVED BY REGISTRAR MONTH FEB DAY 2 YEAR 1982		
MOTHER—MAIDEN NAME 8a. Carol Patricia Dendinger		AGE (At time of this birth) 8b. 29	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 8c. Hastings, Nebraska		
RESIDENCE—STATE 9a. Nebr.	COUNTY 9b. Lancaster	CITY, TOWN, OR LOCATION, (Include zip code) 9c. Lincoln 68506	INSIDE CITY LIMITS (Specify Yes or No) 9d. yes	STREET AND NUMBER 9e. 2405 Scott	
MOTHER'S MAILING ADDRESS—Enter if not same as residence					
FATHER—NAME 11a. James Conrad Zalewski		AGE (At time of this birth) 11b. 28	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 11c. Omaha, Nebraska		
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other Informant) <i>Carol Patricia Zalewski</i>				RELATION TO CHILD 12b. Mother	